

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

AD NO

HV476172

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION   |                            | INCIDENT INFORMATION   |                            |
|---|----------------------------|--|----------------------------|
| NAME (LAST - FIRST - M.I.)<br>BYRNE, JOSEPH M   |                            | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR<br>ADDRESS OF OCCURRENCE<br>249 W 110TH PL   |                            |
| STAR NO.<br>5304  | POSITION<br>POLICE OFFICER | CITY<br><input checked="" type="checkbox"/> CHICAGO  | STATE (if outside Chicago) |
| DATE OF APPOINTMENT<br>27-AUG-2007  | EMPLOYEE NO.<br>[REDACTED] | LOCATION CODE<br>303-SIDEWALK  | BEAT OF OCCURRENCE<br>0513 |
| UNIT OF ASSIGNMENT<br>005   | BEAT/CALL NO.<br>0563C     | DATE OF OCCURRENCE<br>14-SEP-2012  | TIME<br>21:32:00           |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F   | RACE<br>WHITE              | DAY OF WEEK<br>FRIDAY  |                            |
| HEIGHT<br>601   | WEIGHT<br>165              | NO. OF OFFICERS BATTERED <u>2</u>  |                            |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED<br><input checked="" type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><input checked="" type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER _____  |                            | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many? _____<br>PATROL TYPE:<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____  |                            |
| TYPE OF ACTIVITY<br><input type="checkbox"/> A. AMBUSH - NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input checked="" type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><input type="checkbox"/> K. OTHER _____ |                            | MANNER OF ATTACK<br><input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)<br>TYPE OF WEAPON/THREAT<br>(Check all that apply):<br><input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN<br><input type="checkbox"/> B. HANDS/FISTS<br><input type="checkbox"/> C. FEET<br><input type="checkbox"/> D. MOUTH (SPIT, BITE, ETC.)<br><input type="checkbox"/> E. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> F. OTHER (SPECIFY) _____<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> J. BLUNT INSTRUMENT<br>FIREARM USE INFORMATION (Check all that apply):<br><input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON |                            |
| TYPE OF INJURY TO OFFICER<br><input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE   |                            | OFFENDER INFORMATION<br>SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE<br>BLACK    DOB<br>[REDACTED]<br>CS NO.    00000000    IR NO.  |                            |
| LIGHTING CONDITIONS AT INCIDENT<br><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD   |                            | WEATHER CONDITIONS<br><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND<br>APPROXIMATE OUTDOOR TEMPERATURE <u>65° F</u>   |                            |

LOG# 1057079  
Attachment 9

REPORTING MEMBER - SIGNATURE  
BYRNE, JOSEPH M

STAR NO.  
5304

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.  
ALEXANDER, DANA 531